

Edgar School District
Health Insurance Election Form
Effective Date: 07-01-2020

Waive Coverage
 (Please sign and date below)

Plan	Security Health Plan \$2,000 / \$4,000 HMO - Premier		Security Health Plan \$2,000 / \$4,000 POS - Premier	
	Deduction Per 24 Paychecks Premium Contribution 15%		Deduction Per 24 Paychecks Premium Contribution Buy Up	
Single	\$63.77		\$74.91	
Family	\$145.28		\$170.67	
Plan Specifics				
Monthly Premium	Single	Family	Single	Family
	\$850.20	\$1,937.10	\$872.49	\$1,987.88
Deductible				
In-Network	\$2,000	\$4,000	\$2,000	\$4,000
Out-of-Network	N/A	N/A	\$4,000	\$8,000
HSA Contribution				
District HSA	Single	Family	Single	Family
	\$1,000	\$2,000	\$1,000	\$2,000
Coinsurance				
In-Network	100% after Deductible		100% after Deductible	
Out-of-Network	Only with approved referral by SHP		80% after Deductible	
Out-of-Pocket Maximum				
In-Network	Single	Family	Single	Family
Out-of-Network	\$2,500	\$5,000	\$2,500	\$5,000
	N/A	N/A	\$5,500	\$11,000
Office Visits				
In-Network	100% after Deductible		100% after Deductible	
Out-of-Network	Only with approved referral by SHP		80% after Deductible	
Routine/Preventive Care				
In-Network	Select Services Covered in Full		Select Services Covered in Full	
Out-of-Network	N/A		80% after Deductible	
Urgent Care				
In-Network	100% after Deductible		100% after Deductible	
Emergency Room				
	100% after Deductible		100% after Deductible	
Hospital Services				
In-Network	100% after Deductible		100% after Deductible	
Out-of-Network	Only with approved referral by SHP		80% after Deductible	
Prescription (Rx) Drugs				
	Tier I / Tier II / Tier III		Tier I / Tier II / Tier III	
	\$10/\$30/\$60/25% after Deductible \$1,000/\$2,000 OOP Max on Copays after Deductible		\$10/\$30/\$60/25% after Deductible \$1,000/\$2,000 OOP Max on Copays after Deductible	
Election				
	Security Health Plan HMO		Security Health Plan POS	
My Election (Check Box)	Single	<input type="checkbox"/>	Single	<input type="checkbox"/>
	Family	<input type="checkbox"/>	Family	<input type="checkbox"/>
Print Employee Name				
Employee Signature		Date		